

SAN FRANCISCO MENTAL HEALTH BOARD



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Susan Page
Toni Parks
Angela Pon
Richard Slota, MA
Marylyn Tesconi
Njon Weinroth
Benny Wong, LCSW

ADOPTED MINUTES

Mental Health Board Meeting
Wednesday, January 17, 2018
25 Van Ness
6th Floor, Room 610
6:30 PM – 8:30 PM

BOARD MEMBERS PRESENT: Harriette Stevens, EdD; Co-Chair; Ulash Thakore-Dunlap, MFT, Co-Chair, Idell Wilson, Vice Chair; Gene Porfido, Secretary; Judith Klain, MPH; Carletta Jackson-Lane, JD; Gregory Ledbetter; Susan Page; Toni Parks; Richard Slota, MA; Njon Weinroth; Idell Wilson; and Benny Wong, LCSW.

BOARD MEMBERS ON LEAVE: Terry Bohrer, RN, MSW, CLNC; Judy Zalazar Drummond, MA; and Marylyn Tesconi.

BOARD MEMBERS ABSENT. None

OTHERS PRESENT: Helynna Brooke (Executive Director); Loy M. Proffitt (Administrative Manager); Kavooos Ghane Bassiri, LMFT, LPCC, CGP, Director of Behavioral Health Services; Melissa Bloom, PhD; Risk Manager; David Elliott Lewis, National Alliance on Mental Illness (NAMI-SF), Mental Health Association (MHA-SF); Andreyana Allen: Stephanie Dupuy; Tracy Chu, California State University – East Bay (CSU-EB); Stephanie Ha, CSU-EB; Jorge Wong, Richmond Area Multi-Services (RAMS); Klie Chou, CSU-EB; Farid De La Ossa Arrieta, CSU-EB, Nicole Match, San Francisco Suicide Prevention; Liza Murawski and 13 member of the public.

Dr. Stevens called the meeting to order at 6:30 PM.

Roll Call

Ms. Brooke called the roll.

Agenda Changes

None

ITEM 1.0 REPORT FROM BEHAVIORAL HEALTH SERVICES DIRECTOR (See Attachment A)

The full director's report can be viewed at the end of the minutes or on the internet.

1.1 Discussion regarding Behavioral Health Services Department Report, a report on the activities and operations of Behavioral Health Services (BHS), including budget, planning, policy, and programs and services.

Mr. Ghane Bassiri announced that on December 12, 2017 the 43rd Mayor of San Francisco Edwin M. Lee who was a lawyer by training passed away. After his three decades of public service, Mayor Lee left a strong legacy for the City and the San Francisco Department of Public Health.

He spotlighted the forensic Drug Court Treatment Center (DCTC). DCTC has collaborated with the District Attorney (DA), the Sheriff, the Public Defender, the Adult Probation and the Superior Court. DCTC has engaged justice involved clients with mental illness and substance use dependency into treatment services. He also spotlighted the Proposition 47. The proposition has implemented the Promoting Recovery and Services for the Prevention of Recidivism (PRSPR). In the prevention of heroin overdose, BHS pharmacies can provide naloxone (Narcan) without prescription.

In December 2017, the Mental Health Services Act (MHSA) program submitted an innovation proposal to the Mental Health Services Oversight and Accountability Commission (MHSOAC). The project proposed more usage of peer services. Peers can share the know-how, provide warm hands off, help clients transition from an intensive-case-management to an outpatient program. Peer involvement is an innovative MHSA component.

He mentioned the staffing at Mission Family Center (MFC) has adapted their services to address client concerns about their personal safety and confidentiality. Some families are concerned about the DACA issue, and some parents are at-risk for ICE raids. Staff are being flexible to accommodate client needs. MFC has started to offer evening appointments.

In the Older Adult System of Care (SOC), providers have used the Adult Needs and Strengths Assessment (ANSA). They want to expand the strength domain with more items on the ANSA.

DPH Director Barbara Garcia is considering a public-private partnership to meet patients with severe mental health in conservatorship. There are a total of 40 new beds with St. Mary's Medical Center and the University of California - San Francisco. This number just doubled the supply of sub-acute beds.

Since the legalization of recreation cannabis in January 2018, many people are concerned about youth's brain development. They prefer youth hold off from using cannabis products. The interested adults already had cannabis advertisements removed from buses.

Every year the state of California does a review called External Quality Review Organization (EQRO). The study includes a tri-annual audit on Medi-Cal Speciality Mental Health and Drug Medi-Cal Organized Delivery System. He hoped audit reports would be available in February or March so that he can share the results with everyone.

Ms. Klain asked where in the linking process is a client's desires and wishes are incorporated into the engagement process.

Mr. Ghane Bassiri said a client readiness is a collaborative effort between a client and a case manager. Utilization management would be part of the process in helping clients transition from a high-level of care to a lower level of care.

Mr. Wong shared that intensive case management (ICM) referrals can take about a week to a month depending on a client's readiness for transitioning into an outpatient program (OP). In the early weeks, OP may start a client off with more engagement.

Mr. Ghane Bassiri explained that there is a three month trial period to help client transition to less intensive care program.

Mr. Ledbetter asked about overlapping services.

Mr. Ghane Bassiri explained that no-shows are indicative of engagement issues.

Mr. Porfido shared that in the early 2000's he was a BHS consumer. When clients are in a vulnerable state of their lives, they often rely heavily on their counselors who often are internists. However, there is a sense of abandonment when interns move on usually after a six month period. The lack of continuity in a therapeutic relationship often results in clients not getting enough education about their medications. They also feel disempowered to understand various options.

He felt he had to do a lot of self-advocacy and self-education during his journey to wellness. His has accomplished several things. He completed his Mental Health certification and joined the Mental Health Board. However, some patients need to be taught what their choices are.

Mr. Ghane Bassiri explained that sometimes clients do not understand what is going on with their treatment options. He said peer services are crucial in offering hope and in helping clients realize their own recovery and wellbeing. In the request for proposal (RFP) process, he would like to see how providers promote more involvement from clients.

Ms. Parks shared that there is a shortage of psychiatrists in the BHS system.

1.2 Public Comment

Dr. David Elliott Lewis suggested future discussions should address medically assisted detoxification. He has heard more and more about substance use disorder (SUD) such as cocaine, methamphetamine and opioids and the lack of detox programs for these substances.

Ms. Murawski would like to see the BHS use more peers in case management.

ITEM 2.0 MENTAL HEALTH SERVICE ACT UPDATES AND PUBLIC HEARINGS

For discussion.

The passage of Proposition 63 (now known as the [Mental Health Services Act](#) or MHSA) in November 2004, provides increased annual funding to support county mental health programs. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. This Act imposes a 1% income tax on personal income in excess of \$1 million. One of the requirements of the Act is that the county must provide annual updates as well as hearings for changes in the way the county implements the funding.

2.1 Mental Health Services Act Updates

[There were no more updates.](#)

2.2 Public Comment

[No comments](#)

ITEM 3.0 ACTION ITEMS

For discussion and action.

3.1 Public comment

[No public comments.](#)

3.2 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board meeting of November 15, 2017 be approved as submitted.

[Unanimously approved.](#)

3.3 Proposed Resolution: Be it resolved that the minutes for the Mental Health Board notes of December 2, 2017 be approved as submitted.

[Unanimously approved.](#)

3.3 Proposed Resolution: Be it resolved that the Data Report be approved as submitted.

Attachment A

Mr. Wong announced that the 2017 DataNote Book was complete. The document was a collaborative effort between committee members and departmental managers.

[Unanimously approved.](#)

ITEM 4.0 OVERVIEW OF BEHAVIORAL HEALTH SERVICES GRIEVANCE POLICY, MELISSA BLOOM, PHD

4.1 Discussion: Overview of Behavioral Health Services Grievance Policy, Melissa Bloom, PhD.

Dr. Stevens shared that Dr. Melissa Bloom is a licensed clinical psychologist and the Risk Manager for the Behavioral Health Services Quality Management Department. One of the parts she manages is the grievance policy. She will provide an overview of the policy, and how it is implemented.

[Her handouts are available at the end of the minutes.](#)

Dr. Bloom is the risk manager primarily. Although she occasionally investigates complaints or appeals, she provides mostly oversight and consultation with the Grievance Officer to help ensure compliance with State and Federal law. The grievance and appeal system is considered a Beneficiary Protection by both State and Federal laws. She shared the latest grievance/appeal statistics about BHS's mental health and substance use disorder (SUD) for the fiscal year 2016-2017.

However, BHS does not investigate concerns related to police, shelters, primary care, or landlords/property management. Other issues that are not within the scope of BHS are youth's behavioral health services as part of their Individual Education Program (IEP), and issues related to involuntary psychiatric detention and conservatorships.

When a client has an issue about treatment or with staff over services that are provided through BHS, providers are encouraged to resolve the client's concerns with minimal barriers. There are times when clients may want to use the formal grievance and appeal system. Grievances may be filed at any time. However, appeals must be filed within 60 days of the date of the adverse benefit determination.

Ms. Parks shared that she has had gone through the formal grievance process, but her concerns were never fully resolved. When she has appealed the decision, the Grievance Officer Lucy Arellano refused her case.

Dr. Bloom explained that an appeal means a request for a review for adverse benefit determination. For example, a client has been turned away because of not meeting medical necessity.

Ms. Parks asked how a complaint is addressed.

Dr. Bloom said the grievance process can involve a site visit.

Ms. Parks shared that she has known of five complaints, but there was no site visit.

Ms. Klain mentioned about the not-do-further harm principle in a therapeutic setting. She felt that regardless of the outcome, there was already a perception of harm. She would like to see BHS response that is oriented toward support and recovery.

Dr. Bloom said she has a clinical background. As an investigator, retaliation against clients for exercising their rights is prohibited. The grievance and appeal process is a delicate process. Sometimes grievances or appeals point to larger program or systemic issues.

Mr. Wong noticed that there is an increase in staff attitude toward clients who depend on psychotropic medications.

Dr. Bloom shared that the grievance categories are defined by the State of California. She has compiled data to look for any pattern of complaints.

Mr. Weinroth asked about disclosure clients about transfer between clinics, since clients may be confused about the change in environment.

Mr. Ghane Bassiri explained that during the initial stages of engagement providers are required to disclose and to educate clients about their rights.

Dr. Bloom said patients are informed about the grievance and appeal processes during re-authorization of services.

Ms. Parks asked who are investigators in the Office of Quality Management.

Dr. Bloom said Lucy Arellano is the primary investigator, and other clinical staff, such as myself, can be involved in an investigation.

Ms. Parks would like to see the second level of review on the outcome.

Dr. Bloom clarified that the law does not allow second level review of appeals as they go to State hearing.

Ms. Thakore-Dunlap asked if data are kept by ethnicity and by age.

Dr. Bloom said there is a strong need to collect data by ethnicity and age.

Mr. Porfido mentioned that many people filed complaints, but they are frustrated with the bureaucratic barrier.

Ms. Jackson asked if the second level of the review were true at the state and the federal levels.

Dr. Bloom said there could be merit complaints require follow up at the agency level.

Mr. Wong shared that some of his clients file grievances to manipulate behaviors of staff or to abuse the system.

Mr. Ghane Bassiri shared that there are multiple paths in the grievance process. San Francisco has one, but then there are state and license levels.

4.2 Public Comment

Dr. David Elliott Lewis suggested doing random testing to determine how well complaints are handled by the grievance and appeal system of the BHS.

Ms. Yu mentioned that the grievance process has only three options: walk-in, phone, and mail. She would like to see the system be updated to include filing complaints using emails.

Ms. Murawski commented that she has had called Grievance Officer Lucy Arellano about 50 times in the last three years, and there were no satisfactory responses.

Item 5.0 Reports

For discussion

5.1 Report from the Executive Director of the Mental Health Board. Discussion regarding upcoming events, conferences, or activities that may be of interest to board members; Mental Health Board budget issues and update on staff work on board projects.

Ms. Brooke mentioned the following items:

- February 9th luncheon is honoring Kavoos Ghane Bassiri and Eve Meyer.
- June 1st and 2nd are NAMI conference in Monterey. The Executive Committee will select the person or persons to go.

5.2 Report from Chair of the Board and the Executive Committee. Discussion regarding Chair's meetings with Behavioral Health Services staff, meetings with members of the Board of Supervisors and community meetings about mental health or substance use.

Dr. Stevens highlighted the following meetings. The Wellness Van Committee meets next Monday, January 22, 2018 at 5:00 PM. The Executive Committee meets the following day, Tuesday, January 23, 2018 at 10:00 AM.

5.3 Committee Reports

- Mobile Wellness Van Committee: Richard Slota, Co-Chair
- Youth Committee: Judy Drummond, Co-Chair, Susan Page, Co-Chair
- Senior Committee: Terry Bohrer, Chair

Mr. Slota reported that his committee is wrapping up. He hoped to have a resolution soon.

Ms. Page shared that on February 8, 2018 meeting Dr. Steven Adelsheim from Stanford University will make his presentation.

5.4 People or Issues Highlighted by MHB: Suggestions of people and/or programs that the board believes should be acknowledged or highlighted by the Mental Health Board.

[None mentioned.](#)

5.5 Report by members of the Board on their activities on behalf of the Board.

Mr. Slota shared that he, Mr. Porfido and Ms. Bohrer attend a program review.

Dr. Stevens attended an EQRO meeting.

5.6 New business - Suggestions for future agenda items to be referred to the Executive Committee.

Mr. Weinroth would like to review the name change.

5.7 Public comment.

Ms. Yu suggested future meetings be at somewhere else since the room is echoing.

Dr. David Elliot Lewis would like a presentation by Dr. Judith Martin on substance use disorder

6.0 Public Comment

[No comments](#)

Adjournment

The meeting was adjourned at 8:40 PM.



Mayor Edwin M. Lee

Behavioral Health Services Monthly Director's Report January 2018

1. MENTAL HEALTH SERVICES ACT (MHSA)

MHSA Program Submits Application to MHSOAC for Innovation Funding

In December 2017, the Mental Health Services Act (MHSA) program submitted an MHSA Innovation Funding proposal for a project *entitled Intensive Case Management (ICM)/Outpatient (OP) Transition Flow*. This application was submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC). This project is proposed as a peer navigation program, utilizing the skills and expertise of peers to support clients transitioning from ICM services to an outpatient level of care. The peers providing these linkage services will be highly trained and supported to ensure program success at all levels. The goal of the project is to increase linkage and engagement to outpatient programs for clients transitioning from ICM programs and services.

Innovation (INN) projects are defined as creative and innovative mental health practices or strategies that test new approaches, contribute to learning, and can inform current and future mental health programs.

MHSA staff will continue to work with the MHSOAC through the review and approval process.

For more information contact MHSA@sfdph.org.

2. CHILDREN, YOUTH AND FAMILIES (CYF) SYSTEMS OF CARE UPDATES

Spotlight Mission Family Center (MFC)

For several years now, BHS Mission Family Center has started the beginning of each calendar year with a review of accomplishments and identifying challenges from the prior year. BHS-MFC is proud of the many accomplishments in 2017.

Community Building/ACCESS: Adoption of a more flexible & adaptable work schedule for staff which allows the Center to be more available to clients several nights a week; facilitation of FUERTE groups and parent groups onsite at the clinic & at school sites; sustained collaboration with three local schools; annual participation in CARNAVAL, the Center's big outreach effort in the Mission district; MFC clinicians' participation in the NorCal and local fire response efforts – serving predominantly Spanish

speaking families and linking them to services; MFC administrative staff's participation in the Pop-up HEP A Vaccination clinics; collaboration with the SF Sheriff Department on MFC's annual toy drive.

Enhancing Clinical Practices: MFC's Medical Director offered numerous clinical trainings throughout the year which were very well received by staff; group supervision has increased in a collaboration with a neighboring program as well as through the implementation of a new group supervision model; two staff are participating in Clinical Supervision Institute; registered staff are feeling more comfortable in writing clinical formulations and completing the CANS; all clinicians are now involved with the intake process.

Increased Compliance with Performance Objectives: Development of a more organized and timely Utilization Review process; increased achievements in a greater number of program objectives; increased use of Scheduler and successful signature pad implementation; enhanced documentation through MFC's Documentation QI project; better management of Center's caseload flow, making room for more new clients; on-going quarterly documentation monitoring is systematized manner.

Wellness in the Workplace: MFC was able to de-clutter and got new carpeting; staff started a garden and have shared more activities with Center's building neighbors from the Adult & Older-Adult Systems of Care – including joint safety/de-escalation trainings; collaborative group supervision; staff meetings have become increasingly participatory; two staff members serve as MFC's Trauma Informed Systems Champions; MFC was able to convert a long standing fiscal intermediary position into a Civil Service position & able to hire three clinicians; MFC is preparing for the transition of multiple responsibilities from a senior staff who will be retiring in the spring.

While Mission Family Center is very proud of its accomplishments, the Center is also acutely aware of the challenges for clients and staff working in the current political environment (e.g., ICE raids, protections for families under DACA, immigrant, LGBTQ and women's rights). The economic and housing landscape here in San Francisco impacts the families we serve as well as the staff. Nevertheless, MFC stands strong & dedicated to serving our communities and maintains commitment to quality health care as a right for our community members.

BHS and Mission Family Center express deep gratitude for the life & memory of Mr. Bruno Pardini, of the Elks Club, who passed away in December 2017. Mr. Pardini was MFC's *guardian angel* for over 30 years organizing activities, parties, donation of toys & equipment/furniture, beginning in the era of day treatment, but continuing all these years. He was a very special generous person throughout the Mission community. He will be sorely missed but never forgotten.

Program Utilization Review Quality Committee (PURQC)

The Program Utilization Review Quality Committee (PURQC) is an activity designed to monitor and manage the use and quality of behavioral health resources to ensure: 1) cost effective services; 2) improvement in functioning and health, and 3) quality treatment services and client satisfaction. The Children, Youth, and Families System of Care (CYF SOC) redesigned the PURQC process in 2015 to a 3 level process and infused the compliance activity with a data & practice improvement lens to emphasize the improvement and quality of care aspect of this activity. PURQC Level 1 is a program level review and utilizes a clinical case review process by which the PURQC team authorizes services beyond 1 year for up to 6 months at a time. Level 2 is a program level review and an internal audit on if they agree or disagree with authorization decisions made at Level 1. Eligible cases include youth in services for 3 years or more and who are not making 50% improvement in CANS actionable items and involves a clinical supervisor case review and PURQC chart review process. Level 3 will be a system level audit to review a percentage of cases at Level 2, based on criteria set by the system and informed by providers, to determine if the system (Mental Health Plan) agrees or disagrees with programs' authorization decisions.

In December 2017, CYF's PURQC Level 2, FY16-17 (Quarters 3-4), eligible cases were submitted (Quarters 1-2 were submitted in October). BHS CYF will engage in a quantitative & qualitative review of the data over the next couple months to better understand the demographic of youth who have been in services for more than 3 years without improvement based on CANS criteria. Included in this review is qualitative themes that relate to clinical supervisors responses to the following four questions: 1) Racial Equity: How does race affect and impact therapeutic relationship, clinical formulation, care coordination, intervention, and response to treatment?; 2) What are the clinical issues and barriers in the case?; 3) What additional resources (e.g., training, service coordination, interventions) would support the clinical team and clinical supervisor in working with a clinical case like this in the future?; and, 4) What resources would help support the youth/family? This same quantitative/qualitative review was conducted for the FY15-16 submissions and presented at the CYF SOC Providers' Meeting on August 15, 2017. Interesting results emerged from this review related to the race of the youth in PURQC Level 2, themes around the racial equity lens, and the clinical issues, barriers, and resources needed of providers. (A copy of the 45-slide power point that presents these results is available upon request)

3. ADULT & OLDER-ADULT (AOA) SYSTEMS OF CARE UPDATE

Discussions continue on meaningful use of Adult Needs and Strengths Assessment (ANSA)

One of the major results of several months of collaboration, between BHS Adult & Older-Adult providers, System-of-Care (SOC) and Quality Management (QM) staffs, to test the use of the Adult Needs and Strengths Assessment (ANSA) Traffic Light Report was a consensus to increase the number of strength domain items to be scored in the annual ANSA assessment.

The ANSA Traffic Light Report compares clients' most recent ANSA scores with their ANSA scores immediately prior. Consultations with providers and ANSA super-users resulted in an agreement that increasing the number of strength domain items in the San Francisco ANSA will give a more comprehensive and accurate picture of clients' progress in recovery. It has been agreed that five strength domain items will be added to the ANSA assessment, namely:

- Social Connections
- Resiliency
- Resourcefulness
- Family
- Talents/Interests

The above additional ANSA strength items were the top five selected by surveyed providers, and corresponded with preferences offered by the Behavioral Health Services' Client Council.

Concern by providers, over their ability to succeed in the annual objective of improving their clients' scores on actionable ANSA domain items, also precipitated a discussion, with BHS SOC and QM staffs, on the possibility of permitting BHS clinicians to select which of the actionable ANSA items of a client to "target" in order to improve in treatment by the next ANSA assessment.

This would mean that, for a client's ANSA items rated a 2 or 3 (actionable), a provider will check boxes to identify which of these actionable items are to be targets for improvement for that client. Programs' success on the ANSA performance objective will then be rated on their ability to effect client improvements among only those targeted items. (By contrast, the current program performance objective considers all actionable ANSA items, and tallies improvement among all the actionable items, disregarding the fact that some of those actionable items may have not been targets for improvement in treatment.)

Focusing upon these identified actionable items, by providers, for the performance objective will make it more relevant to the current focus of the clinical work, as well align the ANSA more closely to treatment plan objectives. (Note: It was also discussed that each targeted ANSA item will not necessarily coincide with an objective in the treatment plan, as some targeted ANSA items might be those that improve as an effect of improvements achieved in other targeted ANSA items that are the subject of treatment plan objectives and interventions.)

The discussions also achieved a consensus to embed the ANSA into the annual client assessment, with different sections of the ANSA interspersed into different sections of the assessment, in order to place specific ANSA items side-by-side with each of their related assessment domains.

More discussions between BHS providers and central administration are forthcoming on the specifics of implementing “targeted” ANSA items as the basis for measuring programs’ achievement of their objective to improve their clients’ ANSA ratings. The goal is to implement the ANSA items targeting, and the embedding of the ANSA into the assessment, by fiscal year 2018-19.

For questions on the ANSA meaningful use initiative, please contact BHS Quality Management.

4. FORENSIC/JUSTICE INVOLVED BEHAVIORAL HEALTH SERVICES

Spotlight on Office of the Public Conservator and Behavioral Health Services

Behavioral Health Services and the Office of the Public Conservator, which is a division of the Department of Aging and Adult Services, have been working closely together to develop innovative ways to serve individuals who meet conservatorship criteria under the Lanterman-Petris-Short (LPS) Act. An LPS Conservatorship is part of the Welfare and Institutions Code and may be initiated in a hospital or forensic setting for individuals who are determined to be gravely disabled as a result of a mental disorder and are unable/incapable of accepting treatment on a voluntary basis.

As part of this collaborative relationship, we have developed ways in which we can better serve consumers who are conserved in the least restrictive community based setting. When this occurs, an individual may attend court hearings from the community and work closely with their treatment team to ensure that they are receiving an appropriate level of care. As such, we have developed a handout for providers to review the roles/responsibilities of all team members and how we can best work together to ensure the recovery and wellness of individuals we are serving.

Please feel free to contact Sandra Teixeira (sandra.teixeira@sfgov.org) with the Office of the Public Conservator and Angelica Almeida (angelica.almeida@sfdph.org) with Behavioral Health Services if you would like additional information or would like to schedule a training for your clinic. We would like to visit as many sites as possible by March 16, 2018, so don't delay in contacting us!

Spotlight on Promoting Recovery and Services for the Prevention of Recidivism (PRSPR)

San Francisco has been chosen as a recipient of an additional Board of State and Community Corrections (BSCC) grant to implement a Proposition 47 program, which is being called Promoting Recovery and Services for the Prevention of Recidivism (PRSPR). This program is designed to work with individuals who have been charged with, convicted of, or arrested for a criminal offense with a goal of reducing recidivism and improving the health and housing status of participants. This grant is funding 32 Substance Use Disorder

residential treatment beds (3-6 months), as well as 5 detox beds, through Salvation Army's Treatment Center. The program will also provide peer navigation to individuals as they complete the program and has an additional Transitional Age Youth (TAY) component to support the outreach of TAY participants and development of TAY specific SUD curriculum.

BHS is excited to announce that we are now able to accept referrals to the program! At this time, referrals can be processed through the Treatment Access Program (TAP), Offender Treatment Program (OTP), Law Enforcement Assisted Diversion (LEAD), and Jail Health Reentry Services (JHRS). Please feel free to contact Angelica Almeida (angelica.almeida@sfdph.org) with Behavioral Health Services if you would like additional information.

5. EXCERPTS FROM BARBARA GARCIA SFDPH DIRECTOR'S REPORT

Public-private partnership to bring new beds for mental health patients to San Francisco

The City is launching a public-private partnership to address critical mental health needs in our system of care for people with complex behavioral health needs. Soon, 40 new subacute mental health (conservatorship and incompetent to stand trial) beds will open at St. Mary's Hospital.

Former Mayor Lee invested \$5M in the City's FY17/18 and 18/19 budget for DPH to increase capacity for subacute mental health beds. These new beds will serve clients placed on various mental health conservatorships, as well as people who are deemed incompetent to stand trial. The increased capacity – nearly doubling the in-county supply -- will allow us to alleviate upstream pressure on inpatient psychiatric units, Psychiatric Emergency Services, and the city's emergency rooms. DPH, with support from UCSF of a \$1M capital investment, is partnering with Saint Mary's Medical Center where the beds are currently scheduled to open in February.

Legalized cannabis for adults prompts youth health campaign

As San Francisco embarks upon the legal sale of adult-use cannabis, the Health Department launched a campaign in December to provide youth with the facts and risks to support healthy decisions in this new era. The campaign kicked off with social media PSAs and will expand with messages tested by youth focus groups, in collaboration with SFUSD, the Department of Children, Youth and Their Families, and other organizations that work with young people.

With the loosening of restrictions for adults, and the expected surge in cannabis businesses and advertising, it is crucial that teenagers know the facts. Young people are smart. They need clear information about the new law, the risks of cannabis use and how to withstand the influence of targeted advertising. California voters approved Proposition 64, the Adult Use of Marijuana Act, in November 2016. The law makes it legal for people 21 and older to use, possess and make non-medical cannabis available for retail sale. The San Francisco Office of Cannabis oversees the local program, and the Health Department will support it through health education and assessment, environmental health monitoring and inspection, and care for people who develop medical or substance use problems related to recreational cannabis. Youth consumption of cannabis here is lower than the national average. Seventy-one percent of San Francisco high school students have never used cannabis, compared to 59 percent of their counterparts nationwide, according to a 2015 study by the National Drug Early Warning System. Using cannabis is not something that every teenager does, despite the myths and messages to the contrary.

From a health perspective, delaying cannabis consumption is the smart thing to do for young brains, which are still developing into the mid-20s. Cannabis-related health risks are greater for young people. Smoking it can increase the risk of respiratory illness, and decreased motivation and memory can inhibit youth from reaching their goals as they grow into adulthood.

Past issues of the CBHS Monthly Director's Report are available at:

<http://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/CBHSdirRpts.asp>

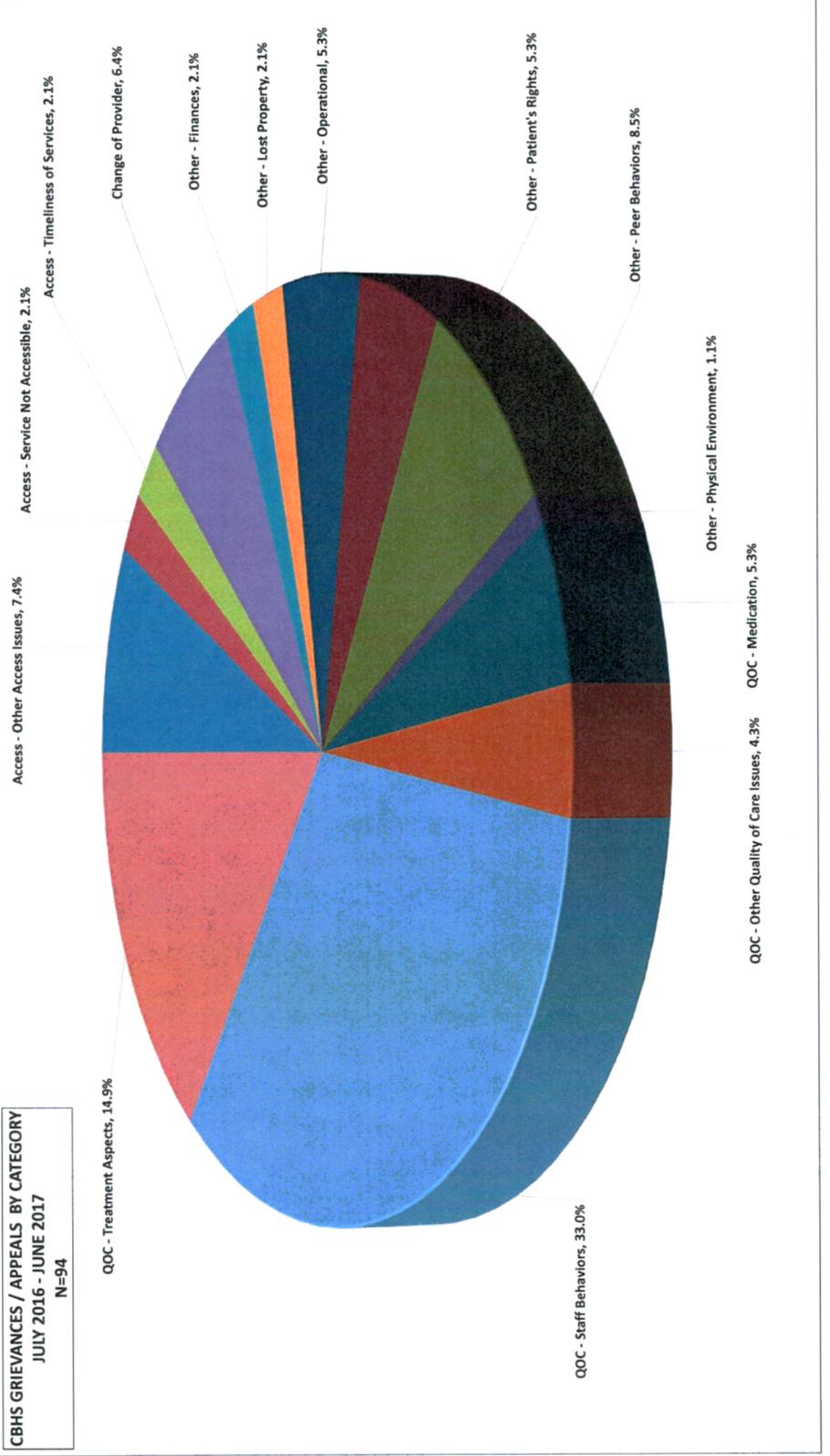
To receive this Monthly Report via e-mail, please e-mail vita.ogans@sfdph.org

CBHS Grievances / Appeals by Category

CBHS Grievances / Appeals by Category July 2016 through June 2017		
Grievance Category	Number	Percent
Access - Other Access Issues	7	7.4%
Access - Service Not Accessible	2	2.1%
Access - Timeliness of Services	2	2.1%
Change of Provider	6	6.4%
Other - Finances	2	2.1%
Other - Lost Property	2	2.1%
Other - Peer Behaviors	5	5.3%
Other - Patient's Rights	5	5.3%
Other - Physical Environment	8	8.5%
Other - Operational	1	1.1%
QOC - Medication	5	5.3%
QOC - Other Quality of Care Issues	4	4.3%
QOC - Staff Behaviors	31	33.0%
QOC - Treatment Aspects	14	14.9%
Grand Total	94	

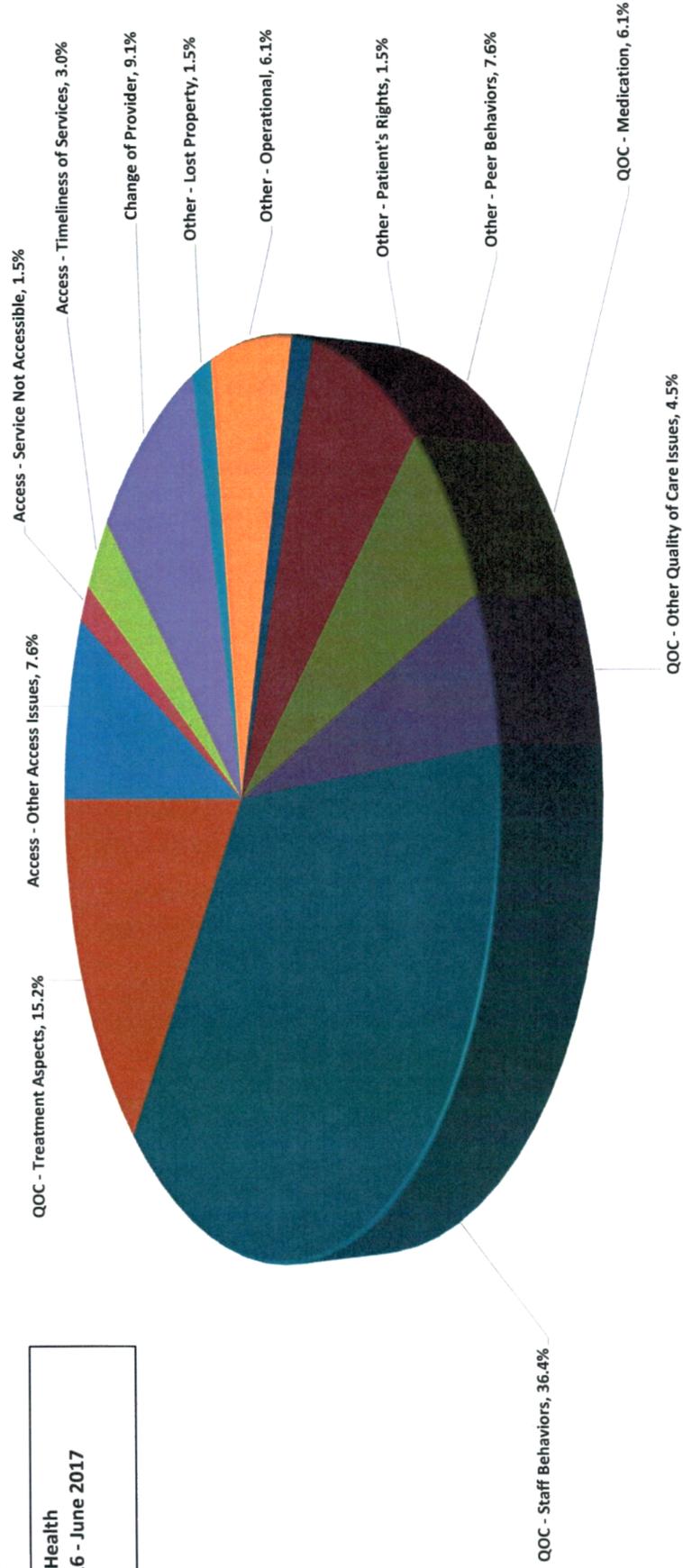
CBHS Grievances / Appeals by Category July 2015 through June 2016		
Grievance Category	Number	Percent
Appeal - NOA A	1	1.3%
Appeal - NOA B	1	1.3%
Access - Service Not Available	1	1.3%
Access - Timeliness of Services	2	2.7%
Access - Other Access Issues	4	5.3%
QOC - Staff Behaviors	22	28.3%
QOC - Treatment Aspects	8	10.7%
QOC - Medication	10	13.3%
QOC - Cultural Appropriateness	2	2.7%
QOC - Other Quality of Care Issues	1	1.3%
Change of Provider	2	2.7%
Confidentiality	1	1.3%
Other - Finances	3	4.0%
Other - Lost Property	1	1.3%
Other - Operational	4	5.3%
Other - Patient's Rights	6	8.0%
Other - Peer Behaviors	4	5.3%
Other - Grievance Not Listed	2	2.7%
Grand Total	75	

CBHS GRIEVANCES / APPEALS BY CATEGORY
JULY 2016 - JUNE 2017
N=94



Mental Health Data		
Access - Other Access Issues	5	7.6%
Access - Service Not Accessible	1	1.5%
Access - Timeliness of Services	2	3.0%
Change of Provider	6	9.1%
Other - Lost Property	1	1.5%
Other - Operational	4	6.1%
Other - Patient's Rights	1	1.5%
Other - Peer Behaviors	5	7.6%
QOC - Medication	4	6.1%
QOC - Other Quality of Care Issues	3	4.5%
QOC - Staff Behaviors	24	36.4%
QOC - Treatment Aspects	10	15.2%
Grand Total	66	100%

Mental Health
July 2016 - June 2017
N=66



Problem Resolution Request Form

-complete this form and mail in the postage-paid envelope to file a grievance, appeal, or expedited appeal-

Client Information:

Name _____ Date of Birth _____

Address _____

Phone/E-mail _____ Best way to reach me _____

I wish to file (choose one): *Grievance *Appeal *Expedited Appeal (*see grievance/appeal handout for requirements)

My problem or concern is about the following program or provider: _____
Description of problem or concern: _____

What I would like to have happen: _____

I authorize the following person to act on my behalf *(optional)* _____
I understand that I will not be subject to discrimination as a result of filing a grievance or appeal, or requesting a State Fair Hearing.
Signature of client or legal guardian _____ Date _____
Signature, if not signed by the client or legal guardian _____ Date _____

FOR OFFICE USE ONLY

Date received _____ O Grievance O Appeal O Expedited Appeal Oral report received by _____ File Number _____
Acknowledgement letter mailed on _____ Assigned to _____ or Referred to _____